SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015



Page 1 of 17

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COVER PAGE

1. NAME OF COMMITTEE			7.7.	
McCauley for N	layor			
2. TREASURER NAME				
First CLEO	MI	Last Duke - Wright		Suffix
3. TREASURER ADDRESS				<u> </u>
Street Address		City	State	Zip Code
677 Blue Hill	ane.	Hartford	CT	06/12
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Comple	ete only if Cundidute Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11 /05 / 2019	MAYOR			(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee	9		
First JAMES	MIS	Mc Cayley		Suffix
8. TYPE OF REPORT (Check One Box)				
☐ January 10 filing	☐ 7th day preceding prima	ry 7th day preceding referendum	☐ Initial Cont	tribution or Disbursement
April 10 filing	☐ 30 days following prima	ry 45 days following referendum	☐ Amendmen	
☐ July 10 filing	☐ 7th day preceding election	on	Type of Rep	oort:
October 10 filing	☐ 12th day preceding elect (State Central Committees Only			
☐ 24 Hour Independent Expenditure O Primary O Election	□ 45 days following election not held in November	on		
9. PERIOD COVERED		· · · · · · · · · · · · · · · · · · ·		
	Beginning Date	Ending Date		
	01/01/19	thru <u>03/3///9</u>		
10. CERTIFICATION				
I hereby certify and state, under processing the period of		, that all of the information set forth on the trate and complete.	is Itemized Car	mpaign Finance
Cho-Loke-U TREASURER OR DEPUTY TREASURE	Leght ER (SIGNATURE)	Cleo Duke-Wrig PRINT NAME OF SIGNER	ht_	DATE (mm/dd/yyyy)

A nation who is found to have burningly and willfully violated any provisions of the campaign finance statutes

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMM	IARV	PACE	TOTA	2. T.

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
MCCAURY FOR MAYOR	APRIL 10				
	COLUMN A This Period	COLUMN B Aggregate			
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		762.35			
12. Balance on hand at the beginning of Reporting Period	762.35				
13. Contributions Received from Individuals (Sections A and B)	1,060				
14. Receipts from Other Committees (Sections C1 and C2)					
15. Other Monetary Receipts (Sections D through K)					
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)					
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed					
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)					
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	1000				
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	1322.35	18 22.35			
19. Expenses Paid by Committee (Section P)	550	550			
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1272.35	1272.35			
21. In-Kind Donations not Considered Contributions Received (Section L4)					
22. In-Kind Donations not Considered Contributions — House Party (Section L5)					
23. In-Kind Contributions Received (Section M)					
24. Refundable Deposit to Telephone Company (Section N)					
25. Loan Balance					
25a. + Loans Received (Section D)					
25b. + Interest and Penalties on Loan					
25c Payments on Loan					
25d. Total Outstanding Loan Amount					
26. Campaign Expenses Paid by Candidate (Section Q)					
27. Expenses Incurred on Committee Credit Card (Section R)					
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Ментериализация преставляет применення в поставляет поставляет поставляет поставляет поставляет поставляет в поставляет поста	TYPE OF REPORT	
$M_{\alpha}/M_{\alpha}/M_{\alpha}$		111201 KEIGKI	
A. Total Contributions from Small Contributors-Received	ad this Davied ONLY	<u> April 10</u>	
	UBTOTAL SECTION A	\$ 60.00	
D. W		7 1	
Last Name	tributions from Indivi	duais	MI
Swarr	Thomas		IVII
	City 1/ / C		State Zip Code
8 Shultas Place Principal Occupation	Name of Employer		CT 06/14
<u>Retired</u>	Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution
		e contractor?	
Method of Contribution:	Date Received	Aggregate Contributions	1,000
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Order 3-1-19		
Last Name	First		MI
Residential Street Address	City		State Zip Code
Principal Occupation	Name of Employer		<u> </u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, list Event #		c contractor? Yes No	
Method of Contribution:	Date Received	Aggregate Contributions	_
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Order		
Last Name	First		МІ
Residential Street Address	City		State Zip Code
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she walued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second reported in Section L1? If yes, list Event # Of government the contract of government the government the contract of government the contract of government the contract of government the government the government the government the government of government the government th		e contractor? Yes No	
Method of Contribution:	Date Received	Aggregate Contributions	7
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order		
SUBT	OTAL Section B — This	Page /,00C	0.00
TOTAL	of additional Section B I	Pages	
TOTAL OF ALL CONTRIBUTIONS FROM	I INDIVIDUALS (Sections A	A+B) /.06	0.00

I. MONETARY RECEIPTS (Sections A—K)

MANUE OF COMMERCE OF THE COLUMN					TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name		uh Fung Reposuo	ייייי		APRIL 10		
McCauly FOR MA							
Į.	\C1./C	ontribution	is from Ot			************	
Name of Committee				Name of Treasu	rer		
Address			Is this contrib	d in Section L17	i with an Yes No	Amount of	Contribution
City	State	Zip Code	Date Receiv		Aggregate Contributions	-	
Name of Committee				Name of Treasu	l rer		HARRING T
Address			Is this contril	d in Section L17	i with an Yes No	Amount of	Contribution
City	State	Zip Code	Date Recei		Aggregate Contributions	1	
Name of Committee	[Name of Treasu	l rer	<u></u> .	
Address		* ************************************	Is this contrib	d in Section LI?	d with an ☐ Yes ☐ No } at Event #	Amount of	Contribution
City	State	Zip Code	Date Recei		Aggregate Contributions		
C2. Reim	bursemen	ts or Surpli	ıs Distribu	tions from	other Committees		
Name of Committee				Name of Treasu	rer		
Address			City			State	Zip Code
Date Received Expenditure # (if applicable)	Payment Type	ent for shared ex	kpense □Si	ırplus Distributi	on	Amount	of Receipt
Description		<u> </u>	***************************************				
Name of Committee				Name of Treasu	rer	.l	
Address			City	.1		State	Zip Code
Date Received Expenditure # (if applicable)	Payment Type	ement for shared	expense \square	Surplus Distrib	ution	Amount	of Receipt
Description							
		SUBTO	TAL Sectio	n C — This	Page		
		TOTAL o	of additiona	l Section C l	Pages		
TOTAL OF ALI (Sections C1		TEE CONTI			1		

NAME OF COMMITTEE (Provide Complete Name as Registered with I	iling Reposito	וצי)		TYPE OF	REPORT	
McCayley MX MAYDY				Al	RIL 10	
	Loans	Received (this Period			
Name of Lender			ce of Losn: Bank Candida	te 🔲 Individua	l □ Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (If applicable)						Amount Received
Street Address	City			State	Zip Code	
Name of Lender	and the second s	Sou	rce of Loan: Bank 🔲 Candida	nte 🔲 Individua	l Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
Name of Lender			rce of Loan: Bank 🔲 Candida	ate 🔲 Individu	al Other	Date of Receipt
Street Address	City	.		State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)	_1					Amount Received
Street Address	City			State	Zip Code	
		T(OTAL SECTIO	ND		
E. Receipts from Entities other th	an Indiv	iduals or	Other Commi	ttees (Refere	ndum Committe	es ONLY)
Vame of Entity	WIII XIII					
Street Address				Date Received		Amount Received
Sity .		State	Zip Code	Aggregate Contr	ibutions	
Name of Entity	<u></u>	<u> </u>				
Street Address	 			Date Received		Amount Received
Žity		State	Zip Code	Aggregate Contr	ibutions	
Name of Entity		.		·		
Street Address		****		Date Received		Amount Received
Zity		State	Zip Code	Aggregate Contr	ibutions	
		J	£			

I. MONETARY RECEIPTS (Sections A-K)

Page	6	of	1	7
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NAME OF COMMITTEE	(Provide Complete Name as Regist	ered with Filing Repository)		TYF	PE OF REPORT
Mc Car	uley for may	> /	- Andrewsky - Market Market Park		ARIL 10
(F.)	Amount Transferred	from Affiliated B	usiness Treasury (Business En	ntity Committees ONLY)
Date of Receipt	Is this transaction associ		If yes, list Event #		Amount
Date of Receipt	Is this transaction associ				Amount
Date of Receipt	Is this transaction associ			hanna an	Amount
Date of Receipt	Is this transaction associ		If yes, list Event #		Amount
			TOTAL SEC	TION F	
Amount Tra	noformed from Affilia	ted I shor Union	or Other Organiza	tion Trea	SURY (Organization Committees ONLY)
Date of Receipt	ISIETTEU IIVIII AILIIIA	Date of Receipt	or Other Organiza		of Receipt
Date or Receipt		Date of Receipt		3,000	on receipt
Am	ount		Amount		Amount
			TOTAL SECT	ION G	
	I. Personal Funds of	the Candidate Ro	eceived this Period	(Candidate	? Committees ONLY)
Date of Receipt	Method of payment:				Amount
•	☐ Cash	Personal C	Check	Debit Card	
Date of Receipt	Method of payment:				Amount
	☐ Cash	Personal C	heck Credit/	Debit Card	
Date of Receipt	Method of payment:				Amount
	☐ Cash	Personal C	Check Credit/	Debit Card	
Date of Receipt	Method of payment:				Amount
	☐ Cash	☐ Personal C	heck	Debit Card	
			TOTAL SE	CTION H	
		I. Anonymo	ous Contributions		
					

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission

Total Amount of Personal Funds of the Candidate Received this Period (Section H)

Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)

Total Amount of Interest from Deposits in Authorized Accounts (Section J)

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (A	Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
McCayle	FOR MAYOY		APRIL ID	······································	
	L1. Event	Information			
Event # Date of Event Letter	Description		W	Vas this a fun □ Yes	draising event?
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at a		☐ Yes (If yes, go to Section LS Associated with a Hou purchases made by host ☐ No	5 In-Kind Donations not use Party and complete re t(s) for food, beverage and	equired infor	Contributions mation for any
Did this fundraiser include of up to \$200 or items don	e goods or services donated by a business entity lated by an individual of up to \$100?	☐ Yes (If yes, go to Section L and complete required		Considered (Contributions
Was this fundraiser a tag s with purchases from an in-	ale, auction, or other sale of donated items dividual of up to \$100?	☐ Yes (If yes, enter Total Rec	eipts here.)	S	
Subpart 2: (Party Comm. Were there purchases of a sign associated with this f	ittees, Municipal Candidates and Political Comn dvertising space in a program book or on a undraiser?	nittees other than Exploratory Yes (If yes, go to Section L.	Committees) 3 Purchases of Advertising plete required information	ng Space in a on.)	Program Book
Subpart 3: (Town Comm Did your committee sell f gathering held within the	ood or beverage at a fair or similar mass	☐ Yes (If yes, enter Total Rec	eipts here.)	В	
Event # Date of Event Letter	Description		V	Was this a fur □ Yes	draising event?
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at a	•		5 In-Kind Donations not use Party and complete r st(s) for food, beverage an	equired infor	Contributions mation for any
Did this fundraiser includ of up to \$200 or items do	le goods or services donated by a business entity nated by an individual of up to \$100?	☐ Yes (If yes, go to Section I and complete required ☐ No		t Considered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	☐ Yes (If yes, enter Total Red		\$	
Subpart 2: (Party Comm Were there purchases of a sign associated with this	nittees, Municipal Candidates and Political Commandvertising space in a program book or on a fundraiser?	☐ Yes (If yes, go to Section L	Committees) 3 Purchases of Advertisiplete required informati		Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	☐ Yes (<i>If yes</i> , enter Total Rec	ceipts here.)	\$	
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts for	om Sale of Donated Items —	· This Page		
		tion L1—Subpart3 <i>(Town Commi</i> lipts from Food Purchases —			
		TOTAL of additional Section			

II. EVENT ACTIVITY (Sections L1-L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

MANE OF COLD GOTTON	(0 11 (T 1 1 1 1 T T T T T T T T T T T T T	Just ret. b		1-1	TYPE OF REPOR	γт		
	Provide Complete Name as Register	ed with Filing Repositor MOV	יעו		APR		10	
MC		s of Advertisin	a in a Decara	m Rook on on		. [t _m ,	112	
Name of Purchaser	· Lo. Purchase	s of Auverusin	ig ili a e rogra	III DOOW OF OF	ı a sığıı	Purchase	e Made By:	Whath A.D.A. LANDON TO THE CO.
HANNER OF T REALITIONS							iness Entity	Other
						_	ividual/Sole P	
Street Address			City		1		State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purcha	se A	Amount of Sig	gn Purchase
Name of Purchaser						Purchase	e Made By:	
						☐ Bus	iness Entity	☐ Other
						☐ Indi	ividual/Sole P	roprietorship
Street Address		=	City		<u></u>		State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purcha	se A	Amount of Sig	n Purchase
Name of Purchaser						Purchase	e Made By:	
Name of Pulchaser							siness Entity	☐ Other
							ividual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purchs	se /	Amount of Si	n Purchase
Date Incorrect	D.Car.	1.56.5		7,2,1,0,1,1,0,1				3 <i>n</i> —
Name of Purchaser						Purchase	e Made By:	
						☐ Bus	siness Entity	☐ Other
						☐ Ind	ividual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purcha	se z	Amount of Sig	gn Purchase
AT CO 1		l			· · · · · ·	Burnhan	e Made By:	
Name of Purchaser							siness Entity	Other
							ividual/Sole P	
Street Address			City				State	Zip Code
								·
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	gram Ad Purcha	ise /	Amount of Si	gn Purchase
	SUBTOTAL Section L3 T	otal Purchases of	Advertising in F	rogram Book —	- This Page			
	SUBTOTAL Secti	ion L3 Total Purc	hases of Adverti	sing on a Sign —	- This Page			
			TOTAL of	additional Sectio	n L3 Pages			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	E (Provide Complete Name as Register	ed with Filing Repository)			TYPE OF REPOR	T		entromourous entrologica de la companya de la comp
	Mc Cauley FOR	MAYOR			APRIL	10		
	I.4. In-K	ind Donations N	ot Consider	ed Contribu		/		
Name of Donor					V			
Street Address			City			MANAGEMENT	State	Zip Code
Donation Given By:	Description of Donation					Fair l	Market Val	ue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate Value fo	r this Event	1		
☐ Sole Proprietorship								
Name of Donor				I			<u> </u>	
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation		<u> </u>			Fair l	Market Val	ue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate Value fo	r this Event			
Sole Proprietorship								
Name of Donor								
								1
Street Address			City				State	Zip Code
	ing processors are consistent of the constant						<u> </u>	
Donation Given By:	Description of Donation					Fair	Market Va	lue of Donation
☐ Business Entity ☐ Individual		I "		A Walter &	this Towns	-		
Sole Proprietorship	Date Received	Event #		Aggregate Value fo	r this Event			
Name of Donor								
Street Address			City				State	Zip Code
Succi Addican							J	J., 5030
Donation Given By:	Description of Donation					To-last	Marries Mal	ue of Donation
Business Entity	Description of Donasion					Fair	viarket va	ine of Douguen
☐ Individual	Date Received	Event#		Aggregate value for	this Event	4		
☐ Sole Proprietorship								
						<u>.l.</u>		
		SUBTO	OTAL Section	L4 — This Page				
		TOTAL	of additional	Section L4 Page	es			
тот	FAL OF ALL IN-KIND DONA Enter,	ATIONS NOT CON total on Line 21, Col						
	,—							

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE /	rovide Complete Name as Registered with Filing Repu	ository)		ľ	TYPE OF REI	PORT	
$M \cap$	uley FOR MAYOR				APRIL	1/0	
100 L5.	In-Kind Donations Not Conside	ered C	ontributions Associa	ted with a H			
Name of Host				Is this event so committee?	apporting mo	ore than on	
Street Address	Add , Address		City			State	Zip Code
Description of Donation		I			Fair Mar	ket Value (of Donation
Event #	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—this h	ost/candidate			
Name of Host				committee?	upporting me Yes D N	0	
Street Address			City			State	Zip Cođe
Description of Donation					Fair Mai	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—this h	ost/candidate			
Name of Host				committee?	upporting m ☐ Yes ☐ N mplete Itemiz	o	ne candidate or dendum L5
Street Address			City	·		State	Zip Code
Description of Donation				·	Fair Ma	rket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events—this I	osi/candidate			
Name of Host				committee?	supporting m Yes N mplete Itemiz	Го	ne candidate or dendum 15
Street Address			City			State	Zip Code
Description of Donation		····		****	Fair Ma	rket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this	host/candidate			
		SUB	TOTAL Section L5 —	This Page			
		TOTA	L of additional Section	ı L5 Pages			
TOTAL ASSOCIATED WITH	OF ALL IN-KIND DONATIONS N I A HOUSE PARTY (Enter total or	NOT CO n Line 2	ONSIDERED CONTR 22, Column A of Summary	IBUTIONS Page Totals)			

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

NAME OF COMMITTEE (Provide Complete)	Vame as Reg	istered with F	iling Repos	itory)			TYPE OF	REP	ORT		
McCauley FOR MAJOR				AP	RIL	- 10					
		1	M. In-	-Kind Con	trik	outions					
Name	-H-0-H-1								<u> </u>		
					_						
Street Address			•		City					State	Zip Code
Type of contributor: Committee	Date Receiv	ved	Aggregate	Contributions	T	Description of In-Kind C	Contribution				
☐ Individual / Sole Proprietorship ☐ Other							~		40.		
Is contributor a lobbyist, spouse, Yes	If contril	oution is in o	excess of \$	400 to a candid	late f	or a chief executive of ith have a contract wit	tticer of a m	nunic icipal	ipality, ity	Fair	Market Value
or dependent child of a lobbyist? No		t more than	\$5,000?			□Yes □No					Contribution
Is this contribution associated with an	☐ Yes ☐ No	Is contribu	tor a princ	ipal of a state co hich branch or	ontra bro-	etor or prospective sta	ite contracto	or?	□Yes □No		
event reported in Section L1? If yes, list Event #	□ 146			contract is with		Executive	Legislat	ive			
Name										. —	
						<u> </u>					101. 4.7
Street Address					City			_ _	-	State	Zip Code
	I				L	Dog-A-W- Av	York-IL				<u> </u>
Type of contributor: Committee	Date Recei	yed	Aggregate	Contributions	İ	Description of In-Kind (-onurbution				
☐ Individual / Sole Proprietorship ☐ Other	<u> </u>	St. of S		.640v	ا الم	for a chief a-a-s'	officer of	mue	cinality.	mat.	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co	ntributor or	business l	to a candi he/she is associa	ited :	for a chief executive with have a contract w	ith said mu	nicip	ality		Market Value is Contribution
	valued	at more than	n \$5,000?			☐ Yes ☐ No					
Is this contribution associated with an event reported in Section L1?	☐ Yes ☐ No	If yes,	indicate w	hich branch or	brai	ctor or prospective stanches			□Yes □ No		
If yes, list Event #				contract is with		☐ Executive	☐ Legislat	ive		***	
Name											
Street Address					City					State	Zip Code
New Contractions											
Type of contributor:	Date Recei	ived	Aggregate	Contributions		Description of In-Kind	Contribution				. I
☐ Individual / Sole Proprietorship ☐ Other											
ls contributor a lobbyist, spouse,	If cont	ribution is in	n excess of	\$400 to a cand	idate	for a chief executive	officer of a	mun	cipality,		Market Value
or dependent child of a lobbyist?	does co	entributor or at more that		he/she is associa		with have a contract w	ynn said mu	nicip	anty	of th	is Contribution
Is this contribution associated with an	☐ Ycs	Is contribu	itor a princ			actor or prospective sta	ate contract	or?	□Ycs		
event reported listed in Section L1? If yes, list Event #	□ No			/hich branch or c contract is wit		nches Executive	☐ Lcgislat	tive	□ No		
		I				tion M — This Pa				L	
			T	OTAL of add	itio	nal Section M Pag	es				. · · · · · · · · · · · · · · · · · · ·
TOTAL OF ALL IN-KIND CON	TRIBU	TIONS (I	Enter total	on Line 23, Colt	ımn .	A of Summary Page To	otals)				
	NT.	Rafus	dahla T)enneit to T	'ല്	phone Compar)V				
Luct Name of Individual	17	. ACIUH	**************************************	First	. V1C	r compai	-J		мі	Date Depo	sit Made
Last Name of Individual											
Residential Street Address				City			State	Zin	Code		
Treatment and Andreas								*			Amount of Deposit
											=
Name of Telephone Company											
							1				
Street Address				City	·		State	Zip	Code		

SEEC FORM 20
Revited January 2015

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
	IVLEY FOR MAYOR	APRIL IC)	
7		Paid by Committee		
Name of Payce Nyesha	McCauley		Date of Payment	Method of Payment: Check #_121 Debit Card EFT
Street Address 77 Wadsi	worth ST	City Hart Sord		State Zip Code CT UL 106
Purpose of Expenditure (by code) 1 - NEWS	Description ADVERTHSEMENT IN NEWSPAPE		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) 🗖 Independ		550.00
Name of Payee		City	Date of Payment	Method of Payment: Check # Debit Card State Zip Code
Street Address		City		Sine Ep Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri) Independ		
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the	re) 🔲 Indepen		
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the	re) 🔲 Indepen		
		SUBTOTAL Section P	- This Page 5	50.00
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IV. EXPENDITURES (Sections P—T)

Page 14 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered wi	TYPE OF REPORT	TYPE OF REPORT				
McCauley FOR MAYOR	APRIL 1	9				
O. Ca	mpaign Expenses Paid by					
Name of Payce (Name of Vendor, Person or Entity who cardidate paid direc		Date of Payment	Is reimbursement elsimed?			
			☐ Yes ☐ No			
Street Address	City		State Zip Code			
ancel Address	Chy					
Purpose of Expenditure Description (by code)		Event #	Amount			
Name of Payee (Name of Vendor, Person or Entity who candidate paid dire	ctly)	Date of Payment	Is reimbursement claimed?			
			☐ Yes ☐ No			
A	I ca		State Zip Code			
Street Address	City		State Zip Code			
Purpose of Expenditure Description		Event#	Amount			
(by code)						
Name of Payce (Name of Vendor, Person or Entity who candidate paid dire	ath)	Date of Payment	Is reimbursement claimed?			
Maine of Phyce (vaine of Vermot, Ferson of Brindy who candidate paid and	ury)	Date of Tuyinosi	☐ Yes ☐ No			
Street Address	City		State Zip Code			
Purpose of Expenditure Description		Event#	Amount			
(by code)						
		In a constant	* * * * * * * * * * * * * * * * * * *			
Name of Payee (Name of Vendor, Person or Entity who candidate paid dive	ctly)	Date of Payment	Is reimbursement claimed?			
			☐ Yes ☐ No			
Street Address	City		State Zip Code			
Purpose of Expenditure Description		Event #	Amount			
(by code)						
Name of Payce (Nume of Vendor, Person or Entity who candidate paid dire	ctly)	Date of Payment	Is reimbursement claimed?			
			☐ Ycs ☐ No			
Street Address	City	1	State Zip Code			
Purpose of Expenditure Description		Event#	Amount			
Purpose of Expenditure (by code) Description		15 CHEW	Albyuut			
Name of Payee (Name of Vendor, Person or Entity who candidate paid dire	ctly)	Date of Payment	Is reimbursement claimed?			
			☐ Yes ☐ No			
Street Address	City		State Zip Code			
Purpose of Expenditure Description (by code)		Event#	Amount			
	SUBTOTAL Se	ction Q This Page				
	TOTAL of addition	nal Section Q Pages				
TOTAI.	OF ALL EXPENSES PAIL	RV CANDIDATE				

IV. EXPENDITURES (Sections P—T)

Page 15 of 17

IANG OF COMMITTE	E (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
	Clause For MAYOR		APRIL ID		1
1*1	R. Expenses Incurred	l on Committee Cre	dit Card		
Name of Issuing Institu		Type of Credit Card:			
-		☐ Visa ☐ Master Ca	ard Discover Americ	an Express	Other:
Name of Vendor, Person or	Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure by code)	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated with reimbursement sought (in-kind	ture) 🔲 Indepe			
Name of Vendor, Person or	Entity			Date of	Fransaction .
Street Address		City	···	State	Zip Code
Purpose of Expenditure (by code)	Description		Eyent#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated with reimbursement sought (in-kind	iture) 🔲 Indepe			
Name of Vendor, Person o	r Entity			Date of	Fransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend	iture) 🔲 Indepe		D	
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то	TAL OF ALL EXPENSES INCURRED ON	COMMITTEE CRED			

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VAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	y)	TYPE OF REPORT		
general and the second state of the second s	Miclander for Miffor	and Mad Bald	Devise this Paris d	10	
√ame of Creditor	S. Expenses Incurred by Con	nmittee dat Not Paid	During this reriod	Date Incur	i
vame of Cleanor				Date incur	rea
itreet Address		City		State	Zip Code
'urpose of Expenditure by code)	Description		Event #	I	ount Incurred timate or Actual)
xpenditure # fapplicable)	Type of Expenditure (Itemization in Addendum S Require None of the below Coordinated with reimbursement sought (joint exper	☐ Indep	is checked) endent ization: o A o B o C	о D	
Vame of Creditor				Date Incur	red
Street Address		City		State	Zip Code
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Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum S Require None of the below Coordinated with reimbursement sought (joint expen	☐ Indep	is checked) endent ization: O A O B O C	о D	
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
'urpose of Expenditure by code)	Description		Event #		ount Incurred timate or Actual)
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		TOTAL of additional Sec	ction S Pages		
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DUF (Enter total on	RING THIS PERIOD BUT Line 28, Column A of Summe			,
	Previously reported Ex	spenses Unpaid and still O	utstanding		
	TOTAL OF ALL EXPENSES INCURRE (Enter total on L	ED BY COMMITTEE BU Line 28a, Column A of Summa			

				1					
				TYP	YPE OF REPORT				
T. Itemization of Reimbursements and Secondary Pa					HPRI				
			ind Second	ary Pay	ees/		T		
Last Name of Worker/Cons	witant	First				MI		Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u></u>				o Reimburse	Committee V	Vorker/Cons	sultant as
					Chec	Section P:		bit Card	☐ EFT
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description		E	Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requin None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind	enditure)	of the below" is Independ	dent	ов о	СОЪ			
Last Name of Worker/Cons	ultant	First				MI	Date of P Person or	ayment to V r Entity	'endor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					o Reimburse Section P: k #		Worker/Cons bit Card	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description		E	Event#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind)	enditure)	of the below" is Independent	dent	ов о	СОВ			
Last Name of Worker/Cons	sultant	First				MI	Date of F Person of	ayment to \r r Entity	/endor,
Name of Vendor, Person or	Butity Paid by Committee Worker/Consultant					o Reimburse n Section P: ck #			sultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			. <u> </u>		State	Zip Code	
Purpose of Expenditure (by code)	Description		1	Event #				Amount	
Exponditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below Coordinated with reimbursement sought (joint expenditurement sought (in-kind)	enditure)	of the below" is Independent	dent	ово	СОВ			
		SUBTOTAL	Section T —	· This Pag	ge				
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TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS A	AND CONSU	JLTANT	rs				